

SAMPLE FORM
DENIAL OF REASONABLE ACCOMMODATION REQUEST

1. Name of Individual requesting reasonable accommodation:
2. Type(s) of reasonable accommodation requested:
3. Request for reasonable accommodation denied because (may check more than one box):

_____ Accommodation Ineffective

_____ Accommodation Would Cause Undue Hardship

_____ Medical Documentation Inadequate

_____ Accommodation Would Require Removal of an Essential Function

_____ Accommodation Would Require Lowering of Performance or Production Standard

_____ Other (Please identify) _____

4. Detailed Reason(s) for the denial of reasonable accommodation (Must be specific, e.g., why accommodation is ineffective or causes undue hardship):

5. If the individual proposed one type of reasonable accommodation which is being denied, but rejected an offer of a different type of reasonable accommodation, explain both the reasons for denial of the requested accommodation and why you believe the chosen accommodation would be effective.

6. If an individual wishes to request reconsideration of this decision, s/he may take the following steps:

[outline reconsideration steps in agency procedures, e.g.:
 - *First, ask the decision maker to reconsider his/her denial. Additional information may be presented to support this request.*
 - *If the decision maker does not reverse the denial:*
 - *and the decision maker was the individual's supervisor, the individual can ask the Office Director to do so.*
 - *and the decision maker was the Office Director, the individual can ask the Disability Program Manager to do so.*

- *and the decision maker was the Disability Program Manager, the individual can ask the official designated by the Director of the Equal Employment Opportunity Office to do so.]*

7. If a federal applicant or employee wishes to file an EEO complaint, or pursue MSPB and union grievance procedures, s/he must take the following steps:

- For an EEO complaint pursuant to 29 C.F.R. ' 1614, contact an EEO counselor in the Equal Employment Opportunity office *within 45 days from the date of this notice of denial of reasonable accommodation*; or
- For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement; or
- Initiate an appeal to the Merit Systems Protection Board *within 30 days of an appealable adverse action* as defined in 5 C.F.R. § 1201.3.

Name of Deciding Official

Signature of Deciding Official

Date reasonable accommodation denied _____